



**Substitute for form 1449/PTC
(Revised 04/2003)**

JUN 18 2004

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 1 Attorney Docket Number 038151/203996

OTHER DOCUMENTS

Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s) , volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached
<u>J</u>	1	GRIFFITHS, E.J., Halestrap AP: Protection by cyclosporine A of ischemia/reperfusion-induced damage in isolated rat hearts, <i>J Mol Cell Cardiol</i> , (1993) 25:1461-1469.	

Examiner Signature		Date Considered	8/18/09
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.